



Employee Safety Citation Form

(INSTRUCTIONS: All boxes are to be checked for response, click to initiate a check mark if N/A or discrepancies fill in comments)
This Form is for management to report and record unsafe behaviors or actions by employees.

Employee Information:

Name: _____ Department: _____ Dept. # _____

Date: ____/____/____ Time: ____:____ am ☐ pm ☐

Incident Location: _____

Incident Details: (Auto-Font 300 characters max)

Violation:

- | | |
|---|--|
| <input type="checkbox"/> Failure to use proper PPE | <input type="checkbox"/> Unauthorized use of equip. |
| <input type="checkbox"/> Improper use of vehicle | <input type="checkbox"/> Less than safe uses of equip. |
| <input type="checkbox"/> Less than safe use of vehicle | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> Failure to secure load or tarp materials | <input type="checkbox"/> Less than safe workplace behavior |
| <input type="checkbox"/> Improper lifting | <input type="checkbox"/> Safety-Glasses/Eye protection |
| <input type="checkbox"/> Vehicle or Equipment # _____ | |

Comments: (This Text box is auto-font will fit 500 characters)

Employee Signature: _____

Supervisor/ Department Head Signature: _____

Risk Management Safety Officer Signature: _____

For Management only.

*Please attach any additional pictures, diagrams, and/or statements.
A copy of this form will be placed in your Personnel file.*